

CLAIMS ONLY						
Application Number 10821031						Filing Date
Applicant(s)						
* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep	2					
Total Depend	15					
Total Claims	17					

* May be used for additional claims or amendments						
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	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep						
Total Depend						
Total Claims						